| AMENDMENT TRANSMITTAL LETTER                                                                                                                                                                                                                                                  |                                           |                                         |                                   |                         | Docket No.<br>2927-0167P |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-----------------------------------|-------------------------|--------------------------|
| Application No.<br>10/776,503-Conf. #3677                                                                                                                                                                                                                                     |                                           | Filing Date<br>February 12, 2004        |                                   | Examiner<br>F. M. Leiva | Art Unit<br>3714         |
| Applicant(s): Masato NAITO et al.                                                                                                                                                                                                                                             |                                           |                                         |                                   |                         |                          |
| Invention: METHOD OF DESIGNING GOLF CLUB                                                                                                                                                                                                                                      |                                           |                                         |                                   |                         |                          |
| MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application.                                                                                                                              |                                           |                                         |                                   |                         |                          |
| The fee has been calculated and is transmitted as shown below.                                                                                                                                                                                                                |                                           |                                         |                                   |                         |                          |
| CLAIMS AS AMENDED                                                                                                                                                                                                                                                             |                                           |                                         |                                   |                         |                          |
|                                                                                                                                                                                                                                                                               | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                    |                          |
| Total Claims                                                                                                                                                                                                                                                                  | 15                                        | - 20 =                                  | 0                                 | x 52.00                 | 0.00                     |
| Independent<br>Claims                                                                                                                                                                                                                                                         | 1                                         | - 3 =                                   | 0                                 | x 220.00                | 0.00                     |
| Multiple Dependent Claims (check if applicable)  Other fee (please specify):                                                                                                                                                                                                  |                                           |                                         |                                   |                         |                          |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:                                                                                                                                                                                                                                      |                                           |                                         |                                   |                         | 0.00                     |
| x Large Entity  x No additional fee is required for this amendment.  Please charge Deposit Account No in the amount of \$  A duplicate copy of this sheet is enclosed.  A check in the amount of \$ is enclosed.                                                              |                                           |                                         |                                   |                         |                          |
| Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                            |                                           |                                         |                                   |                         |                          |
| The Director is hereby authorized to charge and credit Deposit Account No.                                                                                                                                                                                                    |                                           |                                         |                                   |                         |                          |
| x Credit any overpayment.                                                                                                                                                                                                                                                     |                                           |                                         |                                   |                         |                          |
| Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  The Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  Dated: November 12, 2008  Andrew D. Meikle  Attorney Reg. No.: 32,868 |                                           |                                         |                                   |                         |                          |
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ADM/FRH/mua